## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

## DISTRIBUTION ANTA PE FILE U.S.O.S., LAND OFFICE

Raymond T. Duncan

TRANSPORTER

PROBATION OFFICE

OPERATOR

## 1- Inland

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

SANTA / E, NEW MEXICO 8/30

REQUEST FOR ALLOWABLE

OCTORIOGE

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	·
P O Box 208, Farmington, NM 87499	
Reason(s) for liling (Check proper box)	Other (Please explain)
New Weil Change in Transporter of:	_
Recompletion Oil D	Effective October 1, 1986
Change in Ownership Casinghead Gas C	ondensate
Change of ownership give name	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, including F	ormation Kind of Lease Navajo Lease No.
North Hogback 12 2 Slickrock	Dakota State, Federal or Fee 14-20-0603-10010
Location  A 990 North Unit Letter	990 East
Line of Section 12 Township 29N Range	17W , NMPM, San Juan County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	CAS
Name of Authorized Transporter of Oil Condensate	Address (Give address to which approved copy of this form is to be sent)
Inland Corp.	P.O. Box 1528, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rgs. give location of tanks.	Is gas actually connected? When
f this production is commingled with that from any other lease or pool,	give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
71. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
seen complied with and that the information given is true and complete to the best of my knowledge and belief.	BY
	TITLESUPERVISOR DISTRICT TO
Bud Came	This form is to be filed in compliance with RULE 1104.
Bud Crane (Signature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
Agent (Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.
10-7-86 (Date)	Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
	Separate Forms C-104 must be filed for each pool in multiply completed wells.